

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hiroo IWATA, et al.

Serial No: 10/527,293

Confirmation No.: 9628

Filed: March 8, 2005

For: EMBOLIZATION DEVICE FOR VESSEL
CAVITY IN VIVO

Art Unit: 3731

Examiner: McEvoy, Thomas M.

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-	20	**	0	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$210 SM=\$105	\$210
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)							\$250 FOR EACH ADDITIONAL 50 SHEETS
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge our Deposit Account No. 50-1314 in the amount of \$120. to cover the extension fee.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
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Date: September 29, 2008

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